

Prior Authorization Workflow-to-Standards Task Group Update

Tony Schueth
Task Group Leader

National Committee on Vital and Health Statistics
Subcommittee on Standards & Security

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Task Group Overview

- **Task Group Name:**
 - Prior Authorization Workflow-to-Transactions
- **Date Task Group Formed:**
 - November 18, 2004
- **Task Group Leader:**
 - Tony Schueth, MS
- **Objectives:**
 - Identify the standards required to support ePrescribing the electronic delivery of PA-related transactions
 - Understand PA work flow in the physician office, plan and pharmacy

Philosophy

“ ... this is not an attempt to usurp the coverage decisions of the plans but an effort to streamline and standardize the mechanism for the activity.”

- NCPDP Prior Authorization Workflow-to-Transactions Task Group Member

Task Group Members

Name	Company
Alan Smith	ProxyMed
Andy Fontalbert	ACS
Avi Erlich	Wellpoint
Barbara McKinnon	Point-of-Care Partners
Barbara Hollerung	MN Medicaid
Brandon Brylawski, MD	DrFirst
Brian Bamberger	MediMedia
Carolyn Gingras, MS	Lifespan
Cody Wibert	State of Minn.
Colin Halloran	Express Scripts
Dan Makowski, RPh	Allscripts
Darlene Rocco, RPh	Excellus
Jeff Mays	MediMedia
John Klimek, RPh	Albertsons
Kathy Finley	Argus
Keith Faigin	EHIM
Lynne Gilbertson	NCPDP
Margaret Weiker	EDS
Mark Gruenhaupt	Argus

Name	Company
Michael Van Orum, RN, ,RPH	American Home Patient
Nancy Nemes	WebMD
Ned Hanson	HealthNet
Peter Kaufman, MD	DrFirst
Shelly Spiro, RPh	Consultant
Reid Coleman, MD	Lifespan
Richard Stefanicci	USIP
Rohit Nayak	MedPlus
Ross Martin, MD	Pfizer
Sandra Ebel	X12
Sherry Neuman	Consultant
Spencer Rylander	Lifespan
Stacey Barber	EDS, X12
Steve Waldren, MD	AAFP
Stuart Kersky, RPh	Walgreens
Sue Thompson	West VA Medicaid, HL7
Terry Torgler	Argus
Teri Byrne	RxHub
Tim McNeil	RxHub

Definitions

- *Status* – a designation indicating whether a medication requires prior authorization
- *Criteria* - systematically developed statements that can be used to assess appropriateness.
- *Rule* - code or set of codes governing action or procedure.

Sample PA Form - Celebrex



CONTAINS CONFIDENTIAL PATIENT INFORMATION
Celebrex (celecoxib) Prior Authorization of Benefits (PAB) Form

Complete form in its entirety and fax to:
 Prior Authorization of Benefits (PAB) Center at (888) 831-2243

1. PATIENT INFORMATION

Patient Name: _____

Patient ID #: _____

Patient DOB: _____

Date of Rx: _____

Patient is: Female Male

2. PHYSICIAN INFORMATION

Prescribing Physician: _____

Physician Specialty: _____

Physician DEA#: _____

Physician Phone#: _____

Physician Fax#: _____

3. INDICATE DIAGNOSIS

Diagnosis:	<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Primary Dysmenorrhea	<input type="checkbox"/> FAP
Strength:	Celebrex 200mg	Celebrex <input type="checkbox"/> 100mg	Celebrex 200mg	Familial Adenomatous Polyposis
Max Qty Limit:	30 per 30 days	60 per 30 days <input type="checkbox"/> 200mg	11 per 30 days	Celebrex 400mg
	OA or RA: Must meet criteria below in 4A OR 4B OR 4C		Must be female and meet criteria below in 4A OR both 4B AND 4C	Only diagnosis required

Sample PA – Celebrex cont.

4. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

Any areas that are not filled out will be considered not applicable to your patient AND MAY AFFECT THE OUTCOME OF THIS REQUEST

A. Yes No Patient has major NSAID-induced GI complication risk factors: ONE OF THE FOLLOWING MUST BE PRESENT

- Yes No Active non-menstrual bleeding or bleeding disorder
- Yes No Concurrent anticoagulation therapy Please note: bleeding events and increased prothrombin time have been reported in patients taking COX-II *Selective* NSAIDs concurrently with warfarin. INR monitoring is still necessary in COX-IIIs.
- Yes No Patient has previous documented history of NSAID-induced gastropathy

B. Yes No Patient has other NSAID-induced GI complication risk factors: TWO OR MORE OF THE FOLLOWING MUST BE PRESENT

- Yes No Age \geq 65 years old
- Yes No Chronic major organ impairment _____ or active Rheumatoid Arthritis
(please specify)
- Yes No Concomitant chronic systemic corticosteroid therapy
- Yes No Chronic high-dose NSAID therapy (e.g. 2-3 times the standard dose to achieve therapeutic effect)
- Yes No Anti-platelet agents for vascular prophylaxis

C. Yes No Patient has documented trial and failure of 2 or more prescription-strength NSAIDs (Must specify trials below)

NSAID #1: _____ NSAID #2: _____

5. PHYSICIAN SIGNATURE

Prescriber or Authorized Signature

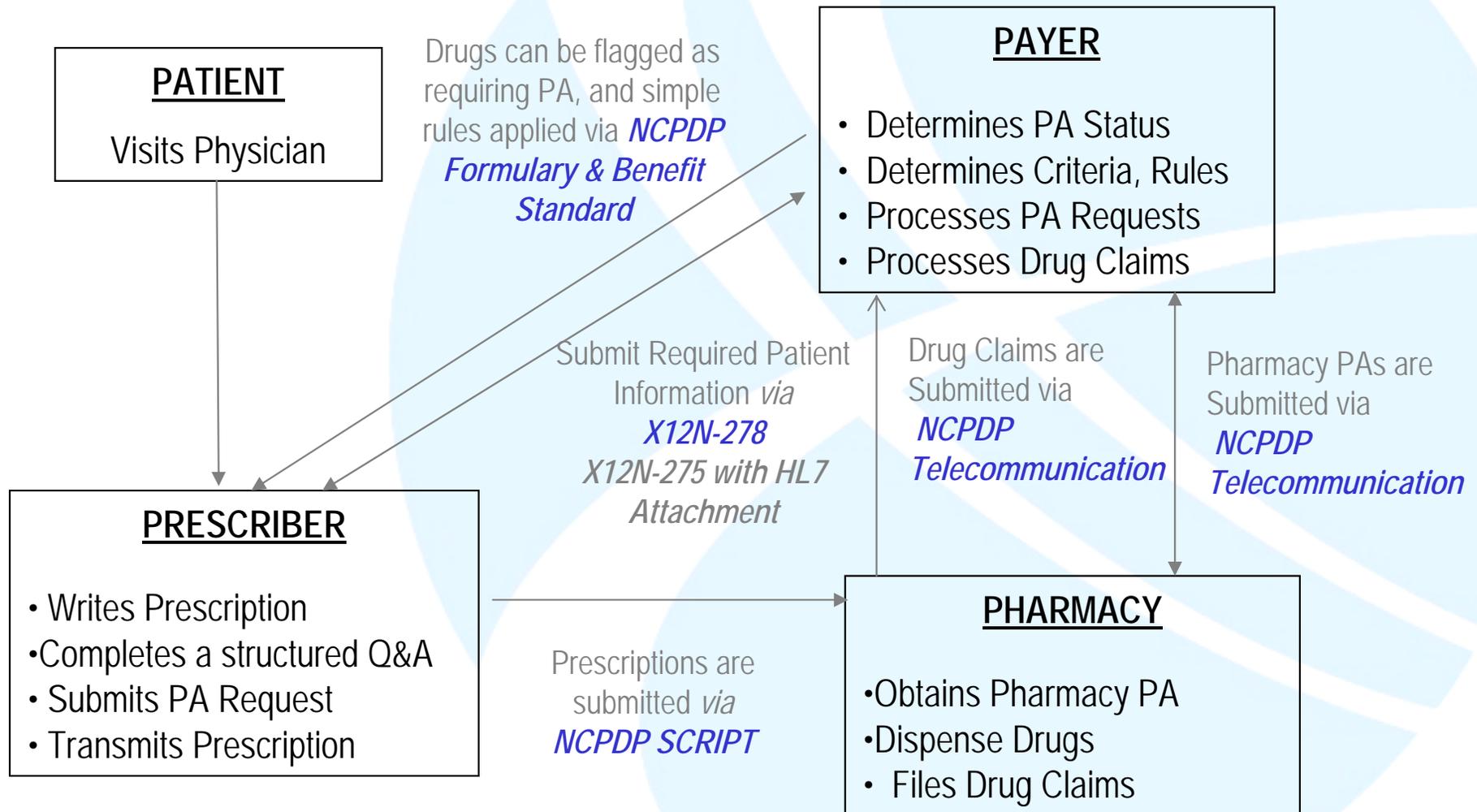
Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician, only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent

What is the proposed workflow?

(Feasible for CMS eRx pilots)



Task Group Accomplishments

- Mapped ambulatory PA workflow
- Leveraged AHRQ grant to complete analysis of PA forms
- Analyzed 350 forms / 1,750 questions / 53 payers
- Created database to support analysis of industry forms
- Leveraged additional AHRQ grant to normalize data in the following therapeutic categories:
 - Erectile Dysfunction
 - Growth Hormones
 - PPIs
 - Unspecified
 - AntiFungals
 - NSAIDs/Cox2s
 - Opioid Agonists
- Formed separate task group to address PA in Long-term Care
- Mapped Long-term Care PA workflow

Timeline

	2005		2006				
	12/05	1/06	2/06	3/06	4/06	5/06	6/06
PHASE 1		Present PA Progress at HL7 Conference	Present PA Progress at X12N Conference			Present PA Progress at HL7 Conference	Present PA Progress at X12N Conference
	X12N 278 - 5010 "public comments" reconciled	→	X12N 278 - 5010 Vote to Publish	X12N Technical Assessment	Publish 5010 Guide Published		
	X12N 275-5010 Post for "public comment"	Review Imp Guide at 1/06 conference	→	Reconcile "public comments"		→	Reconcile "public comments" at 6/06 conference
	HL7 PA Attachment Post for "public comment"	Announce Ballot	Post for Ballot	Open Ballot"	Close Ballot	Reconcile "public comments" at 5/06 conference	
PHASE 2	Planning for analysis of add'l 11 PA criteria categories	Normalize additional PA criteria	Normalize additional PA criteria	Normalize additional PA criteria	Normalize additional PA criteria	Review impact of add'l PA criteria on standards	

Next Steps

- HL7 ballot of the PA Attachment
- Pilot Test
- Complete PA data normalization for remaining 11 therapeutic categories (?)
- Long-term care needs to determine the impact of PA to them, and how to streamline their processes